

EXHIBIT G

16326068490011

MetLife

GM Benefits & Services Center

Claim Number 21811001002

Life insurance claim form

Use this form to submit your claim for a life insurance policy payment.

Things to know before you begin

- Each beneficiary submitting a claim must complete and submit a separate claim form. However, we only need one death certificate.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay your claim.
- You may have to send us other documents with this claim. See the list in *Section 6: How to submit this form*.

! Please correct and initial any errors on the form.

SECTION 1: About youTell us in what capacity you're making a claim (*check one*):

- ☒ Individual beneficiary
☐ Representative of a trust, estate or other organization

Your relationship to the person who died (*check one*):

- ☐ Spouse/Partner ☐ Parent ☐ Child
☐ Trust/Estate/Charity ☒ Other (*please explain*) Friend

Your name (*first, middle, last*) - Please print your name the way you want it to appear on your payment.

First SUSAN <u>Susan</u>	Middle D	Last SAWYER <u>SAWYER</u>
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Maiden or other names (*if applicable*)Mailing address (*Street number and name, apartment or suite*)

284 WEST ROSS CT

City
HIGHLANDState
MIZIP code
48357Date of birth (*mm/dd/yyyy*)Sex (*M/F*)

Social Security Number

Country of Citizenship

Trust/Estate/Other Organization Name

Date of Trust (*mm/dd/yyyy*)Tax Identification Number (*Trust, Estate, or other Organization*)☐ Phone number☒ Cell phone number☐ Email address

Have you signed a document with a funeral home that authorizes us to make a payment directly to them?
 This document is usually referred to as a funeral home assignment.

- ☐ No ☒ Yes - If yes, please send us a copy of the document with this claim form.

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**SECTION 5: Certification and signature**

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- Any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings Included with this form. New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime; and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Under the penalties of perjury I certify:

1. That the number shown as my Social Security Number or Tax Identification Number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen, resident alien, or other U.S. person*, and
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)

**If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN (individuals) or W-8BEN-E (entities).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must complete this certification to avoid 28% withholding with respect to taxable amounts.



Signature of person making the claim

Susan Sawyer

Date signed (mm/dd/yyyy)

NOV 10, 2016

0018420080080010

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF WASHTENAW

STATE OF MICHIGAN

02018-05296

Pages 1 of 1

DGT

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3909704

DECEASED'S NAME (Last, First, Middle) KENNETH RICHARD HENKE		DATE OF BIRTH (Month, Day, Year) December 4, 1934		SEX Male		DATE OF DEATH (Month, Day, Year) October 26, 2016	
NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (Last, First, Middle) None		PLACE OF BIRTH (City, State) MI		AGE AT DEATH (Years, Months, Days) 81		TIME OF DEATH (Hour, Minute) None	
N. LOCATION OF DEATH (City, Village, or Township) St. Joseph Mercy Hospital		M. CITY, VILLAGE, OR TOWNSHIP OF DEATH Superior Township		P. COUNTY OF DEATH Washtenaw			
N. COUNTY OF RESIDENCE Michigan		M. COUNTY OF RESIDENCE Oakland		L. LOCALITY OF RESIDENCE (City, Village, or Township) Lewiston		R. STREET AND NUMBER (House No., Apt. No., or Box No.) 5641 County Road #612	
C. ZIP CODE 49736		D. HOSPITAL (Name, Address, City, State) Oxford, Michigan		S. SOCIAL SECURITY NUMBER [REDACTED]		T. EDUCATION (School, Degree, or Grade) 12th grade	
U. RACE (White, Black, etc.) White		V. ANCESTRY (List all ancestries) German/Dutch		W. HIGHEST GRADE OF SCHOOL ATTENDED (If not a high school graduate, list grade) No		X. YES OR NO (If Yes, list grade) Yes	
Y. OCCUPATION (Last full-time occupation) Press Operator		Z. KIND OF BUSINESS OR INDUSTRY Automotive		AA. MARITAL STATUS (Married, Single, Divorced, Widowed) Divorced		AB. NAME OF SURVIVING SPOUSE (If deceased, list name and date of death) None	
AC. FATHER'S NAME (Last, First, Middle) William Henke		AD. MOTHER'S NAME BEFORE FIRST MARRIAGE (Last, First, Middle) Esther Hendricks		AE. MAILING ADDRESS (Street and Number, P.O. Box, or Other Address) 5641 County Road #612, Lewiston, MI 49756			
AF. DECEASED'S NAME (Last, First, Middle) Steryl Fisher		AG. RELATIONSHIP TO DECEASED Daughter		AH. PLACE OF DEATH (City or Village) Pontiac, Michigan			
AI. METHOD OF DEATH (Natural, Accidental, Suicide, Homicide, or Unknown) Cremation		AJ. PLACE OF DEATH (Name of Crematory, Hospital, or Other Facility) Perry Mount Park Crematory		AK. NAME AND ADDRESS OF FUNERAL HOME RIVERSIDE CHAPEL, Simpson-Modette Funeral Home		AL. ADDRESS OF FUNERAL HOME (Street and Number, P.O. Box, or Other Address) 5630 Pontiac Lake Rd., Waterford, MI 48327	
AM. CREMATION LICENSE NUMBER Timothy R. Simpson		AN. LICENSE NUMBER 06326		AO. ACTUAL OR PRESUMED TIME OF DEATH 15:45		AP. PROBABLE DEAD ON (Date, Time) 10/26/2016	
AQ. MEDICAL EXAMINER (Name, Address, City, State) NO		AR. PLACE OF DEATH (Name, Address, City, State) Hospital		AS. IS DECEASED (Name, Address, City, State) NO		AT. NAME OF ATTENDING PHYSICIAN (Name, Address, City, State) Paradee, MD NO	
AU. DATE SIGNED (Month, Day, Year) 10/26/2016		AV. LICENSE NUMBER 4501109730		AW. MEDICAL EXAMINER'S CASE NUMBER NO		AX. NAME OF ATTENDING PHYSICIAN (Name, Address, City, State) Paradee, MD NO	
AY. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Name, Address, City, State) Scott Burrows, 35301 E. Milan River Dr. Bldg. 995, Ann Arbor, MI 48106		AZ. REGISTRAR'S SIGNATURE Lawrence Kestenbaum		BA. DATE FILED (Month, Day, Year) NOV 8 2016			
BB. PART I: Cause of Death (List all causes, including immediate, intermediate, and underlying causes. Do not enter terminal events such as cardiac arrest, respiratory arrest, or death.) Sudden Shock		BC. PART II: Contributing Factors (List all factors contributing to the death, including but not limited to, disease, injury, or poisoning.) Cardiac disease, diabetes, hypertension, obesity, smoking, alcohol consumption, stress, and aging		BD. PART III: Manner of Death (List all manners of death, including but not limited to, natural, accident, suicide, homicide, or unknown.) Natural		BE. PART IV: Other Information (List all other information, including but not limited to, organ donor status, military service, or other relevant information.) None	
BF. PART V: Signature of Registrar (Name, Address, City, State) Lawrence Kestenbaum		BG. PART VI: Signature of Physician (Name, Address, City, State) Scott Burrows		BH. PART VII: Signature of Medical Examiner (Name, Address, City, State) NO		BI. PART VIII: Signature of Funeral Home (Name, Address, City, State) RIVERSIDE CHAPEL	
BJ. PART IX: Signature of Hospital (Name, Address, City, State) St. Joseph Mercy Hospital		BK. PART X: Signature of Coroner (Name, Address, City, State) NO		BL. PART XI: Signature of Medical Examiner (Name, Address, City, State) NO		BM. PART XII: Signature of Registrar (Name, Address, City, State) Lawrence Kestenbaum	
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CL. PART XXXVII: Signature of Hospital (Name, Address, City, State) St. Joseph Mercy Hospital		CM. PART XXXVIII: Signature of Coroner (Name, Address, City, State) NO		CN. PART XXXIX: Signature of Medical Examiner (Name, Address, City, State) NO		CO. PART XL: Signature of Registrar (Name, Address, City, State) Lawrence Kestenbaum	
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CJ. PART LXXXIX: Signature of Funeral Home (Name, Address, City, State) RIVERSIDE CHAPEL		CK. PART LXXXIX: Signature of Hospital (Name, Address, City, State) St. Joseph Mercy Hospital		CL. PART LXXXIX: Signature of Coroner (Name, Address, City, State) NO		CM. PART LXXXIX: Signature of Medical Examiner (Name, Address, City, State) NO	
CN. PART LXXXIX: Signature of Registrar (Name, Address, City, State) Lawrence Kestenbaum		CO. PART LXXXIX: Signature of Physician (Name, Address, City, State) Scott Burrows		CP. PART LXXXIX: Signature of Medical Examiner (Name, Address, City, State) NO		CQ. PART LXXXIX: Signature of Funeral Home (Name, Address, City, State) RIVERSIDE CHAPEL	
CR. PART LXXXIX: Signature of Hospital (Name, Address, City, State) St. Joseph Mercy Hospital		CS. PART LXXXIX: Signature of Coroner (Name, Address, City, State) NO		CT. PART LXXXIX: Signature of Medical Examiner (Name, Address, City, State) NO		CU. PART LXXXIX: Signature of Registrar (Name, Address, City, State) Lawrence Kestenbaum	
CV. PART LXXXIX: Signature of Physician (Name, Address, City, State) Scott Burrows		CU. PART LXXXIX: Signature of Medical Examiner (Name, Address, City, State) NO		CV. PART LXXXIX: Signature of Funeral Home (Name, Address, City, State) RIVERSIDE CHAPEL		CW. PART LXXXIX: Signature of Hospital (Name, Address, City, State) St. Joseph Mercy Hospital	
CX. PART LXXXIX: Signature of Coroner (Name, Address, City, State) NO		CY. PART LXXXIX: Signature of Medical Examiner (Name, Address, City, State) NO		CZ. PART LXXXIX: Signature of Registrar (Name, Address, City, State) Lawrence Kestenbaum		CA. PART LXXXIX: Signature of Physician (Name, Address, City, State) Scott Burrows	
CB. PART LXXXIX: Signature of Medical Examiner (Name, Address, City, State) NO		CC. PART LXXXIX: Signature of Funeral Home (Name, Address, City, State) RIVERSIDE CHAPEL		CD. PART LXXXIX: Signature of Hospital (Name, Address, City, State) St. Joseph Mercy Hospital		CE. PART LXXXIX: Signature of Coroner (Name, Address, City, State) NO	
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